



ESCORT TUG INSPECTION PROGRAM APPLICATION FOR ENROLLMENT

Name of Tug	Vessel Identification No. (IMO or Official No.)	Date of Next Scheduled Dry Dock
1)		
2)		
3)		
4)		
5)		

Attach additional sheets if needed.

Name of Tug Operator	(Office Telephone Number)	Please include the following documentation for each enrolled tug
		Bollard Pull Certificate (most current) Vessel Particulars
LOCATION: (Street Address)	(City) (State) (Zip Code)	Include Tug Operator's Certificate of Compliance from one of the following Management Systems:
		AWORCP ISM ISO
Point of Contact (First & Last Name)	Job Title	(E-Mail Address)

Home Port (Circle One)

San Francisco Los Angeles / Long Beach San Diego Humboldt Bay Port Hueneme

Please submit application and requested documentation to Oil Spill Prevention Specialist, Mr. Michael Zamora at Michael.zamora@wildlife.ca.gov .
You may also contact Mr. Zamora at (916) 215-3749 with any questions.